



DURHAM CITY-COUNTY PLANNING DEPARTMENT
COMPREHENSIVE PLAN AMENDMENT
APPLICATION



Rev.10/31/12

Applicant Information

Name:

Organization:

Street:

City, State, Zip:

Phone:

Fax:

Email:

Owner Information

Name:

Organization:

Street:

City, State, Zip:

Phone:

Fax:

Email:

For sites with multiple property owners, add additional sheet.

Property Information

Jurisdiction:

Tier:

Zoning Case:

PIN

Adopted Designation

Proposed Designation

Acreage

Add additional sheet, if needed.

Application Materials	
Documentation of Pre-Application Conference	Date:
	Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Required Fees	Plan Amendment Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No
Map	A legible map of the proposed plan amendment area, not to exceed 11"X17" <input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation of Neighborhood Meeting	Neighborhood Meeting Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing Address Labels: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sign-in sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Summary of Topics/Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No
Justification Statement	Check all that apply:
	<input type="checkbox"/> The proposed use is more compatible with surrounding uses and/or designated future land use patterns.
	<input type="checkbox"/> The site is not of sufficient size or shape for development under the current future land use designation.
	<input type="checkbox"/> The proposed change in future land use will contribute to the implementation of an adopted goal, objective or policy.
	<input type="checkbox"/> Environmental conditions make the proposed use more appropriate.
	<input type="checkbox"/> The proposed use would act as a good transition between less compatible uses.
	<input type="checkbox"/> Recent development patterns preclude the area from developing as designated on the adopted Future Land Use Map.
Provide a written explanation of each checked item above on a separate sheet of paper. Include a statement about how the proposed land use meets each criterion found in Section 3.4.7 of the Unified Development Ordinance.	
Signature	
Signature of Applicant	Date
Tracking Information (Staff Only)	
Fees Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Received by: _____ Date: _____
Application Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Assigned Name: _____
Zoning Map Change: <input type="checkbox"/> Yes <input type="checkbox"/> No	Assigned Case #: _____